


Entered - 6-12-01- sb
CL 01L0374 - ALEXIS HOLMES

CLAIM OF: SHONDRA TURNER
485 Hill Street, SE
Atlanta, Georgia 30312

01- R-1405

For damages alleged to have been sustained as a result of vehicular damages from tar or asphalt particles caused by the City resurfacing the roads in the claimant's area between April 30, and May 4, 2001 at 485 Hill Street, SE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0374

Date: 8/21/01

Claimant /Victim SHONDRA TURNER

BY: (Atty) _____

Address: 485 Hill Street, SE, Atlanta, Georgia, 30312

Subrogation: _____ Claim for Property damage \$ 100.00 Bodily Injury \$ _____

Date of Notice: 5/18/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 4/30/01 - 5/4/01 Place: 485 Hill Street, SE

Department Public Works Division: Street Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained vehicular damages when the City was resurfacing the streets in her area and particles of tar or asphalt floated through the air and settled on her vehicle causing damages in the above amount. However, this claim is duplicative of claim number 01L0346 which is currently being processed.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

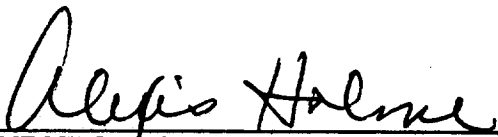
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager  _____ Concur/date 08-25-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

MAY 18 2001

RE: CLAIM FOR DAMAGES

Today's Date: 5/14/01

ENTERED - 06-12-01 - DP
01L0374 - ALEXIS HOLMES

Dear Municipal Clerk:

MUNICIPAL CLERK

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 100 and/or \$ n/a bodily injury for which I contend the City is liable.

1. Date of incident: 4/30/01 - 5/4/01 2. Time of Incident: A.M. 3. Police called: X
(month/day/year) Yes No

4. Location of incident (including street address): 485 Hill Street S.E. Atlanta GA 30312

5. Name of your insurance company: Allstate Insurance Co. Policy No. 01535366 076

6. State what and how incident occurred: City workers were repairing my street in the Grant Park neighborhood my car is parked in my driveway daily as I apt to take packs to work. I noticed at the end of the week mentioned above that my 1992 yellow Minka had -

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair or proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Minka Minka 92 734LDC Shonda Turner
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: n/a
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Please see attached receipt for Wilson MO 991-9309
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

SHONDA TURNER
(Print Claimant's Name)

485 Hill Street S.E. Atlanta GA 30312
(Address)

Atlanta GA 30312
(City, State and Zip Code)

404 654-2274 404 656-1950
(Work Number) (Home Number)

01-R-1405